



DEPARTMENT OF CONSERVATION
CERTIFICATION SERVICES BRANCH
CERTIFICATION SECTION

CERTIFICATION APPLICATION INSTRUCTIONS
Recycling Centers & Processors

General Instructions for All Applicants:

- Make sure you have the correct application (DOR 6/93 6 Rev. 10/99) for Recycling Centers and Processors. There is a separate application to certify a Dropoff/Collection or Community Service Program.
- Print in ink or type. **Do not** leave any spaces blank. Indicate N/A for any items that are not applicable.
- Read the following instructions to make sure your application is complete.
- Review the application for completeness; make sure all required information has been submitted.
- Mail the application to: **Department of Conservation, Division of Recycling
Certification Section, 801 K Street, MS 15-59
Sacramento, CA 95814-3533**
- Questions? Call (916) 323-3008
- Preguntas en Español? Llame al (916) 324-8598

Item 1: **Category of Certification**-Check only one certification category.
Submit a separate application form for each recycling center or processor location and certification category.

Item 2: **Organization Information**

Contact Person: Indicate the name of the person who will be available on a regular basis for any questions, follow-up to complete the application and the program review site visit. This may be the name of the person authorized to sign the application (item #29).

Organization name: This is the name used by the applicant (e.g., the individual or partnership). For corporations it is the name on the Articles of Incorporation.

Business address: This is the company headquarters address, regardless of the number of sites. Unless specified otherwise, it is also the location where records will be stored. It may be the recycling center address/processor facility address, a residence address or a different location altogether. It **cannot be a post office (PO) box**.

Mailing address: This should be a reliable location where the Division may send you correspondence and notices. It may be a P.O. Box, the recycling center facility address, a residence address or a different location altogether.

Telephone number: This is a number where the applicant/operator can be reached Monday-Friday, 8:00 a.m.-5:00 p.m.

Item 3: **Type of Organization:** Check only **one** organization box and **submit all** of the documentation requested for that organization type.

PARTNERSHIPS

- Indicate “**General**” or “**Limited**”.
- Provide copy of **current partnership agreement**.

CORPORATION

- Indicate the **Corporate number** (this number can be found stamped in the top right-hand corner of the Articles).
- Indicate if the corporation is **profit or nonprofit**.
- Indicate if the corporation is **domestic** (originating in California), or **foreign (submit copy of certificate from California Secretary of State)**.
- Provide the **name of the agent for service of process** (person or entity to be served legal documents).
- Submit copy of the **initial or amended Articles of Incorporation**.
- List of the current **corporate officers with position titles**.

LIMITED LIABILITY COMPANY

- Indicate if the corporation is **domestic** (originating in California), or **foreign (submit copy of certificate from California Secretary of State)**.
- Provide the **name of the agent for service of process** (person or entity to be served legal documents).
- Submit copy of **Articles of Organization**.
- Submit copy of **Statement of Information**.
- Submit copy of **operating agreement**.

HUSBAND AND WIFE CO-OWNERSHIP

- Provide the **Name of Spouse** on the application.

LOCAL GOVERNMENT AGENCY

- Indicate “**City**” “**County**” “**City & County**” “**Others**”.
- Submit copy of **Governing Board Resolution** authorizing this application.

Item 4: **SUBMIT A COPY OF THE FICTITIOUS BUSINESS NAME STATEMENT, IF APPLICABLE**

A fictitious business name statement is a document filed with the city or county that allows the entity to use another name.

- Item 5:** **Federal Identification Number:** Also known as an Employer Identification Number (EIN). This is the number used by you or your company to pay Federal and State taxes. This number must be provided by all entities. **Applicants that are seeking certification as an individual and do not employ any staff, and husband and wife entities, that do not employ any staff, may use their social security number.** If you need a federal I.D. number, contact your local Internal Revenue Service (IRS) Office to obtain a copy of Form SS-4 "Application for Employer Identification Number".
- Items 6-9:** Check "**yes**" or "**no**" in response to these questions. Then provide information relating to your certification history.
- Item 10:** Check "**yes**" or "**no**" in response to this question. If you do not speak English, indicate the type of language spoken on the line provided.
- Item 11:** Provide the **facility name**, **facility address**, and **facility telephone number**. The facility name may be the organization name, or the fictitious business name (D.B.A). **The facility address is the actual address where the recycling/processing facility will be located.** An application should be submitted for each separate location. The address **cannot** be a residence address, a series of street numbers or a P.O. Box.
- Item 12:** Provide the name of the **nearest** cross street to the proposed recycling center/processor facility. This information is used to plot the facility on maps. The nearest street is not necessarily the closest major street.
- Item 13:** **PROPERTY OWNERSHIP INFORMATION**
- Indicate whether the recycling center/processor location will be **owned, leased, rented** or **donated**.
 - Provide the **name, address**, and **telephone number** of the property owner. **The address should be where the property owner resides, does business or receives mail.**
 - If the applicant/operator does not own the property, provide a copy of a rental or lease agreement or a written use letter. **Make sure the document specifies the applicant's name, the facility address (including street number and city), that a recycling-type business will be conducted there, and that it is signed and dated by the applicant and the property owner.**

- If the applicant owns the property, **submit proof of ownership**, such as a copy of a **current tax bill or a mortgage statement**. **Be sure the bill or statement specifies the applicant's name and the exact facility address.**

Item 14: Indicate whether your facility has ever been operated by a different entity or under a different name. **If 'YES', provide the name of the facility, prior operator, and prior certification number, if known.**

Item 15: Indicate the proposed operating hours of the recycling center/processor facility. Circle 'a.m.' or 'p.m.' for your hours of operations. Unless applying to operate as a rural region recycler, all recycling centers must be open a minimum of **30 hours per week; five of which must be other than Monday through Friday 9:00 a.m.-5:00 p.m.** If you will be closed for lunch, indicate the lunch schedule. **Write N/A if you will not close for lunch.** If you wish to operate at reduced hours as a rural region recycler, contact the Certification Section for additional information.

ITEMS #16-24: ***THESE QUESTIONS ARE TO BE COMPLETED ONLY IF YOU ARE SEEKING RECYCLING CENTER CERTIFICATION.***

Item 16: Indicate whether or not the facility will be located on federal land. **If 'YES', submit a copy of an authorization for a State inspector to enter the property unannounced.**

Item 17: Check **"yes"** or **"no"** and provide your **handwritten initial (need original initials; photocopies are unacceptable)**. Must be initialed by **all** persons authorized on the application.

Item 18: Check **"yes"** or **"no"** and provide your **handwritten initial (need original initials; photocopies are unacceptable)**. Must be initialed by **all** persons authorized on the application.

Item 19: Check **"yes"** or **"no"** for this question. **"Grandfathered"** recycling centers are those that were **operating as of January 1, 1986** and did not accept all material types. To be granted "grandfathered" status, **written proof of operation and materials accepted at that location prior to this date must be provided.** Examples of acceptable proof are: a copy of a dated receipt or an advertisement in a newspaper.

Item 20: Indicate how many persons will operate the recycling center. "Self" includes other partners or owners of the business, and "others" includes employees. If "others" includes unpaid family members, indicate this on the application.

Item 21: Describe the methods used to collect and store redeemed beverage containers (**check all that apply**).

Item 22: **If using Reverse Vending machines** indicate the proposed method for redeeming beverage containers that are not accepted by the machine(s).

Item 23: Check "yes" or "no". If "YES", provide proof of Nonprofit Tax Exempt status

Item 24: Check "yes" or "no" for this question.

ITEMS #25-28: **THESE QUESTIONS ARE TO BE COMPLETED ONLY IF YOU ARE SEEKING CERTIFICATION AS A PROCESSOR**

Items 25: Check what type of material(s) will be accepted at the facility.

Item 26: For each material accepted/redeemed, check all of the cancellation methods that apply.

Item 27: Check "yes" or "no", and provide your **handwritten initials (need original initials; photocopies are unacceptable)**. Must be initialed by **all** persons authorized on the application. Must be initialed by **all** person authorized on the application.

Item 28: Check "yes" or "no". If "NO", complete item #15 on page 2 of the application

Item 29: **DECLARATION AND SIGNATURES** - Complete this item fully. ***Be sure to include the county as well as the city where the affidavit was signed, even if the city and county are the same.***

Individual

- applicant must print and sign his/her name.

Partnership

- All partners must print and sign their name.

Husband/wife

- Husband and wife must print and sign their name.

Corporation

- Must be signed by a person authorized to legally bind the company into an agreement, such as a corporate officer.

Limited Liability Company

- Must be signed by a person authorized to legally bind the company to a contract, such as a managing member.

Government and Public Agency

- Must be signed by the person legally authorized to make agreements for that office or agency.

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